

PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSU FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Melinda Galin (Depositor's name)
 Melinda Galin (Signature)
 8/20/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,071	07/14/2003	Michael L. Dennis	033337-0133	3615

TITLE OF INVENTION: METHOD AND SYSTEM FOR DISPERSION MAPS AND ENHANCED DISTRIBUTED GAIN EFFECT IN LONG HAUL TELECOMMUNICATIONS USING DISTRIBUTED AND REMOTELY PUMPED ERBIUM-BASED AMPLIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ULLAH, AKM E	2874	385-123000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Corvis Corporation

Columbia, MD

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

Michael C. Patton

8/20/04

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08/23/2004 AWONDAF2 00000027 500477 10618071

01 FC:1501 1330.00 DA
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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/618,071	
	Filing Date	July 14, 2003	
	First Named inventor	Michael L. Dennis	
	Art Unit	2874	
	Examiner Name	Akm E. Ullah	
Total Number of Pages in This Submission	3	Attorney Docket Number	033337-0133

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> (Issue Fee) Fee Transmittal Form x2 <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Corvis Corporation	
Signature	<i>Michael C. Antone</i>	
Date	August 20, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		Faxed to: 703-746-4000
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Typed or printed name	Melinda Salin	
Signature	<i>Melinda Salin</i>	Date August 20, 2004

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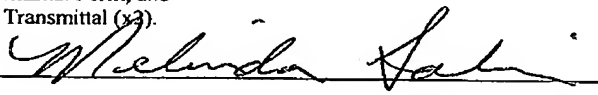
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Fax:	703-746-4000	Fax:	443-259-4278
Phone:		Phone:	443-259-4150
Pages:	4 (including cover page)		
Re:	U.S. Application Serial Number 10/618,071		

CERTIFICATE OF TRANSMISSION (37 CFR 1.8)

Date of Transmission August 20, 2004

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